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ABSTRACT

The handbook explains the concept and operation of the Comprehensive Developmental Team (CDT) in screening, evaluating and planning for children with special needs in Head Start Programs. Considered are the following aspects of the CDT program: establishing a team (composed of such members as health coordinator, Head Start Director, education/handicap specialist, social services coordinator, parent involvement coordinator, head teacher, and non-Head Start specialist); providing initial training and preparation; screening all children; conducting in-depth evaluations of special needs children; developing a plan for special needs children; considering important issues in staffings; implementing the plan; assessing the child's progress; and assuring continuity. Appended are sample CDT forms. (CL)

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COMPREHENSIVE DEVELOPMENTAL TEAM

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SPRING, 1977

COMPREHENSIVE DEVELOPMENTAL TEAM GUIDE

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The input from these people, local CDTs who shared their expertise with HSRTC, State Training Officers, persons at the Regional Office of Child Development and numerous others, has resulted in this revised Guide. It is the hope of the HSRTC that this book will be useful to already existing teams and to programs planning to implement the CDT concept.

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RATIONALE FOR COMPREHENSIVE DEVELOPMENTAL TEAMS

Section 1304.1-3 of the 1975 Head Start Performance Standards states that:

The Head Start Program is based on the premise that all children share certain needs, and that children of low income families, in particular, can benefit from a comprehensive developmental program to meet those needs. The Head Start program approach is based on the philosophy that:

Organized way of meeting Performance Standards

1) A child can benefit most from a comprehensive interdisciplinary program to foster development and remedy problems as expressed in a broad range of services, and that.....

2) The child's entire family, as well as the community, must be involved. The family, which is perceived as the principal influence on the child's development must be a direct participant in the program. (p.1)

In accordance with this philosophy, a CDT is composed of staff from each of the Head Start components (i.e. education, health, social services, and parent involvement), parents and local resource specialists. The CDT's primary purpose is to develop comprehensive programs of intervention based upon observations and professional assessments.

Systematic way of meeting the needs of children

The team's task is to identify, screen and assess both the child's strengths as well as weaknesses. This evaluation process is not meant to label or set apart any individual as being different, but rather to assist in the successful integration of these children into the Head Start program.

Because Head Start programs involve so many components, it is important to insure that the objectives and activities of the various components are well coordinated. One effective method of achieving coordination is to form a team which meets on a bi-monthly basis to develop individualized plans.

Such a team insures that : 1) mutual objectives are agreed upon by all the teachers and all components, 2) each component is aware of what the others are doing, 3) each component can have input into what the others are doing, 4) the parent can participate directly in program decisions concerning his/her child, and 5) a forum is established for continuous feedback concerning the on-going programs of individual children.

Parents as Decision-makers

The team approach respects the parent as the primary caregiver. The parents (or parent substitute) are informed and invited to participate in the team process. They bring crucial information concerning their child and participate in the development of the comprehensive plan for their child.

Proivdes on-going staff development

The team approach is also conducive to on-going staff development. Teachers, program specialists, and local resource consultants meet as a team and through their observations and expertise develop a more total picture of the child. By using a team, Head Start programs can encourage consultants to come on-site and beocme more actively involved with the child's educational development.

Success

Lastly, the comprehensive developmental team approach has been tried in other Head Start programs and has been found to be successful. Programs were able to meet the Head Start Performance Standards more effectively. Screening of all children, for example, was completed more efficiently and quicker. By involving consultants as team members, programs received more than a one-shot written diagnosis. These same programs had an increased number of available resource persons serving in a variety of ways.

Responses from teachers, parents, directors, and component specialists were overwhelmingly positive about the CDT process. Teachers and parents repeatedly expressed relief and appreciation for the support they received from team members' concern for individual children.

OVERVIEW

In 1975-76, the Mental Health/Services to Handicapped component received special initiative funds to establish multidisciplinary teams in Region III. These teams, which became known as Comprehensive Developmental Teams (CDTs) are composed of Head Start personnel from various components (education, parent involvement, health, etc.) the child's teacher, the child's parent, and appropriate resource specialists (speech therapist, psychologist, etc). The team assesses the needs of special needs children and develops plans of action to meet those needs.

During the Winter of 1976, eight pilot CDTs were developed in Region III. The HSRTC provided an intensive 3-day workshop for the pilot programs. Training and technical assistance continued after the initial training session. Each pilot team was visited twice by the HSRTC and twice by the local State Training Officer. The HSRTC also remained in telephone contact with the programs.

Developing the CDT Process

The HSRTC did an intensive evaluation of the pilot CDT effort. In May, 1976, questionnaires were mailed to 81 Head Start staff members who had been involved in the CDT effort. Four different questionnaires were developed according to the person's role on the team: team coordinator, core team member, teacher, and State Training Officer. The results are documented in the "Report on the Comprehensive Developmental Team Effort - July 1976".

Training New Teams

The training directions for Fall, 1976, were shaped by the results of the evaluation. The team process is now seen as incorporating a staffing process that is generalizable to all children. The team still focuses on the special needs child but there is growing awareness that the processes involved are the same as those necessary for individualizing for every child.

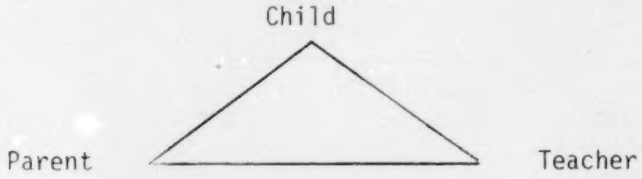
The experience training more than 30 Head Start teams in Region III and the feedback received from teams has been an invaluable resource in further refining the process. This guide intends to incorporate the refinements and will hopefully be a guide for Head Start and other preschool programs as they establish multidisciplinary teams to respond more fully to special needs children.

The title "Comprehensive Developmental Team" was carefully chosen to give some indication of its purpose.

The approach is comprehensive in that it encompasses all aspects of a child's growth or life. Sometimes the term interdisciplinary is also used to illustrate that persons specializing in various aspects of the child's growth come together. The process is also developmental. It attempts to focus on the developmental stage of an individual child's growth in determining how best the preschool program can serve that child. And, of course, it is a team approach - persons work together instead of individually. The team attempts to have all the concerned adults in a child's life come together to work out a joint plan.

Support for Parents & Teachers

In whatever way, of course, the focus of attention is the child. The team approach attempts to provide systematic support to that all important triad of persons:



All available resources (diagnostic services, specialists, etc.) are mobilized to support the parent and teacher in their interaction with the child.

Just a word about the term "special needs". This team concept evolved in response to attempts to provide a viable mode of helping Head Start staff deal with needs presented by handicapped children. Since 1972 Head Start programs were mandated to have 10% of their population classified as "handicapped". In order to fit into this category a child must be professionally diagnosed. Originally the team approach focused only on this population. However, it has now been seen that in some cases other children (those having no official diagnosis as handicapped) could benefit from the CDT process. Usually, these children presented some outstanding needs which the teacher felt at a loss to deal with. Thus, any children, whether or not they are professionally diagnosed "handicapped", who present "special needs" can be the subject of the CDT process.

INTRODUCTION TO PHASES OF CDT

This guide has been developed to explain in a detailed, step-by-step manner, the CDT process. Implementation of the CDT approach takes place in various phases. Each of the following phases will be discussed at length in this guide:

- Establishing a Team
- Getting the Team Ready To Go
- Screening All Children
- In-Depth Evaluating of Special Needs Children
- Developing a Plan for Special Needs Child
- Implementing the Plan
- Assessing the Child's Progress
- Assuring Continuity into Public Schools

ESTABLISHING A TEAM

Organizing a CDT team usually takes place in two steps. The first task of a local program is to decide who will be a member of the core CDT team. The core members are permanent members who attend all CDT meetings. Other persons attend meetings only when individual children they are concerned with are discussed.

Possible members of the core team include:

Possible Team Members

- Health Coordinator or nurse
- Head Start Director
- Education Specialist/Handicap Specialist
- Social Services Coordinator
- Parent Involvement Coordinator
- Head Teacher
- Non-Head Start Specialist (e.g. psychologist, public health nurse, speech pathologist, social worker, etc.)

Depending on the size of a Head Start program and the job titles it uses, the make-up of the team can vary somewhat. For instance, in a small program the Head Start director may assume several of the roles listed above. In such a case there might be only two or three other people on the team.

In larger programs which have several Head Teachers, it may be appropriate to ask them to attend a team meeting only when their children are being discussed.

Teacher and Parent

The parent and teacher of each child discussed at a team meeting become team members for those meetings. Both the teacher and parent join as equal team members as the team discuss their children. Teacher aides may also be a part of a team when children they interact with are being discussed. At the meeting they attend, they participate in a decision-making role.

In most Head Start programs, it is not necessary to "start from scratch" to develop a team. Usually several staff members are accustomed to meeting periodically (at set times or when occasion demands) to discuss problems with individual teachers. These people will now be planning to meet on a regular basis. Children discussed by them, will have been prioritized according to greatest need. However, the pieces of the team process are already in existance.

The Role Of A Comprehensive Developmental Team Coordinator

It is strongly recommended that one individual be given responsibility for coordinating the Comprehensive Developmental Team. Care should be taken to select a person who has the necessary skills to perform the following suggested functions:

1. Regularly schedule and call meetings. It is strongly suggested that meetings occur regularly according to an established schedule on a bi-monthly basis.

2. Determine which children are to be discussed at meetings by conferring with teachers or other staff members who have concerns about individual children and/or families.

3. Request attendance at meetings from people other than the Comprehensive Developmental Team, such as:

   - teachers of the children to be discussed at the meeting
   - specialists who may have previously evaluated the children to be discussed
   - other Head Start staff who have knowledge of the children to be discussed, e g. social service worker, teacher aide, bus driver, etc.
   - the parents of the children to be discussed
   - public school teacher who will have a child in her class (this would probably occur later in the year).

4. Prepare agenda for the meeting - possible outline:

   - list of children to be discussed
   - discussion of each child
   - decisions on short-term objectives for each child and/or family
   - assignment of member responsibilities
   - other program-related topics

5. Conduct the meetings, with the following in mind:

   - adhere to a time schedule for each discussion
   - hold people to the topic

- allow and encourage everyone to participate
- ensure that responsibilities assumed by individual team members are clearly understood
- caution members about confidentiality
- stop fights

6. Provide for recording and appropriate filing of the following:
   - discussion of each child
   - team decisions regarding objectives for each child and/or family
   - any assignments given to the Comprehensive Developmental Team members or others at the meeting.
7. Follow-up on individual assignments made at the meetings by doing the following:
   - determine if the individuals have carried out the assignment
   - offer advice or direct assistance if an individual is having difficulty with an assignment
   - if appropriate, suggest that some other team member take the assignment.

In some programs the above roles are shared by two persons. In those cases, one person has the responsibility of leading the team discussion; the other person has the responsibility of recording and follow-up activities. In such cases, it is essential that the two persons work closely between meetings with both follow-up and preparation for the next meeting.

GETTING THE TEAM READY TO GO

The staff of each Head Start program utilizing the CDT concept must be informed. The purposes and functions of the team should be discussed. Procedures for referral of special needs children should also be made clear.

In-Service Session for Head Start Staff

In order for the team approach to be effective, the combined efforts of all persons responsible for the design and implementation of the preschool program should be supportive.

The in-service session can often be held at a regularly scheduled staff session. It is essential to leave plenty of time for questions and discussion of staff concerns regarding the process.

The following topics might be dealt with at the in-service session:

- concept of CDT approach
- referral procedures
- issue of confidentiality
- specialists roles
- observing and reporting behaviors

It is equally important that the Head Start parents be informed of the implementation of the CDT process. Since parents are the primary care givers for their children, it is essential that they are informed and invited to participate in all efforts of program development. If all the parents are informed at a general session, then they will be better able to respond to individual invitations to meetings discussing their children.

Informing Parents

Once again this presentation might make place at a regularly scheduled parent meeting. It might be combined with a discussion of PL. 94-142, which states that all children including those who are considered handicapped have a right to proper services. This might be a first step in helping parents to understand their legal right in education of their children.

In almost all cases resource specialists (psychologists, medical doctors, speech therapists, occupational therapists, physical therapists) have already been utilized by the Head Start staff. The CDT approach attempts to utilize these services in as comprehensive a manner as possible. It is assumed that the Head Start staff will contact specialists with the idea of securing services which are:

- ongoing
- on-site at centers

Resource Specialists

The following benefits flow from ongoing and on-site services:

- The resource specialist will have the opportunity to perform roles other than, or in addition to, diagnostic testing. In many instances, these other roles may have greater value than diagnostic testing by itself
- The resource specialist will see more children and learn more about the children and the operation of the program in general.
- Children, teachers, other staff, and parents would have more opportunity to receive help from the specialist
- More consistent follow-up on children who have special needs is likely to occur.
- The resource specialist may be more likely to become an advocate for the Head Start program
- Regularly scheduled on-site visits may actually take less of the specialist's time than performing full diagnostic assessments with several children at the specialist's resource agency.

The role of a specialist has often been seen by that specialist and the recipient as limited to just a few functions. Most often the therapists work in a one-to-one therapy setting or perform diagnostic work to individual children.

Role of Specialists

However, some psychologists, social workers, speech pathologists have stated a preference for expanding their roles to include some or all of the following:

- Observing children at centers
- Consulting with the Comprehensive Developmental Team

- Consulting with teachers regarding individual children
- Consulting with teachers regarding overall programming
- Consulting with parents
- Conducting in-service training with staff
- Conducting parent education groups
- Screening and testing
- Conducting full diagnostic assessment
- Guiding referrals to other specialists
- Identifying other specialists for regular on-site visits
- Teaching or counseling individual children

The Head Start staff must ask, "What is the most efficient way a specialist can help your program?"

However, the staff must also keep in mind that specialists of various disciplines should be sought, i.e., psychologist, speech pathologist, special education teacher, social worker, public health nurse, occupational therapist. These specialists may not have performed some of the roles you are now suggesting they do. Their willingness to perform unfamiliar roles may depend on your willingness to help them define this role for your program.

In addition, some specialists may never have conducted on-site consultation. You may need to sell the concept of on-site services.

Another consideration that must be kept in mind is the area served by a specialist.

Some specialists are restricted to defined geographic boundaries, for example, psychologists, speech pathologists and special education teachers employed by a school district or educational service center. If a Head Start center is composed of children from more than one school district, you will neeed to contact the appropriate specialists from each of those districts.

Try to limit the number of centers you will ask a specialist to serve. If the centers are large or far apart, you may want to ask a specialist to serve only one center.

In determining the frequency of a specialist's visit, consider the following:

- the number of centers you will ask a specialist to cover
- the number of children in a center who have special needs
- the role(s) you wish the specialist to assume
- the amount of time the specialist can spend per visit

Once the team members have discussed the type and roles of the specialist as well as the number of centers and frequency of visits, it is time for the CDT or members to meet with the specialist.

To explain the Head Start needs and request suggested services see the supplementary booklet: Utilizing Community Resources for specific information on conducting the meeting and soliciting specialists' services. The booklet is available through HSRTC.

SCREENING ALL CHILDREN

Head Start programs are required to screen children in several important areas, e.g. medical, dental, vision, hearing. It is important that every attempt be made to complete the screening early in the program year.

The purpose of developmental screening can be twofold:

The Purpose of Developmental Screening

- Screening is most often used to identify children who are suspected to be in need of follow-up work. For example, screening may identify a child with severe lags in motor development. Such a child would then be referred to a physical therapist.

  Be aware that screening is a gross measurement. If a child passes a screening test, that does not insure that the child is okay. And even though a child may pass a screening now, for example, vision and hearing, a significant problem could develop within a short time.

- Screening is sometimes used to gather data for designing individual activities for children in the classroom. Screening in the area of language, speech, motor, social/emotional can often give the teacher an idea and help the teacher know what skill the children have and which skills they still need to develop.

  This type of "testing" is sometimes called "assessment." The instruments needed to gather this type of information are usually much more detailed and require more time to administer.

In general, then, Head Start programs should provide some type of screening or assessment in the following areas:

Areas for Screening

- medical
- vision
- language
- social/emotional
- dental
- hearing
- motor

Most programs work closely with the health departments in providing both screening and follow-up services in the first 4 areas: medical, dental, vision, and hearing. These agencies often even conduct the screening. Coordination with them is essential.

Concerning the other areas of development (language, motor, social/emotional) however, it is often up to the Head Start staff to decide on appropriate screening/assessment instruments. Services of resource specialists in the community might however be elicited with some effort. For example, persons in a nearby mental health clinic or diagnostic center might help Head Start

staff decide on appropriate instruments and train staff to administer them. There are innumerable instruments for assessing these areas already developed and available.

In some cases, program staff develop their own "checklists" or adapt instruments already developed. When the staff has decided on an instrument, then arrangements should be made to have the screening take place. It is important that the screening takes place as early in the program year as possible. The data received from the screening can be invaluable to staff as they attempt to design appropriate programs for the children. It is also important that those children found to need help are given it as soon as possible.

The CDT can be instrumental in all of the above activities. Deciding on appropriate screening instruments, contacting community resource specialists and making arrangements for the actual screening to take place all take coordinated efforts. Chances are that each program has some of the pieces already in place. Then it will be up to the CDT to supply the missing pieces and facilitate the process.

After children have been screened, it is important for the CDT to review the results to locate children who would benefit from developing an indepth plan at CDT meetings. In order to do this, the team members will have to discuss the criteria for choosing the children to be staffed first. This is not always easy, but is a must or the team will be tempted to rush through a large number of special needs children and, in the end, never really do an indepth evaluation of any child.

Identifying Children To Be Staffed by CDT

In many cases, CDTs have found it most helpful to get input from several sources before deciding which children should be staffed. Team members review screening results and teachers are asked for children they feel they need help with. The Referral Form (See page 31) can be used by the teacher to inform the team of children s/he feels should be staffed.

The team must decide on criteria for selection of children. Will they staff children with multiple problems, children whose teachers are totally frustrated with them, children referred by the teacher, children who have no help from outside. Once the criteria are determined the CDT coordinator takes these completed referral forms and then schedules the children to be discussed at the first

team meeting and subsequent meetings. S/he then notified other team members of the schedule of children to be discussed. In this way, specific children will be on the agenda to be covered for each of the team meetings. Before the meetings, team members can prepare any information relevant to that particular child being discussed.

Remember, the referral process should be a continuous one. A staff member may refer a child whenever the need for the staffing process occurs.

INDEPTH EVALUATION OF SPECIAL NEEDS CHILDREN

Once a child has been chosen to be discussed at a team meeting, it is the duty of the team to inform the parents of the staff's intent to discuss their child's need in an attempt to more adequately help the child. The team should choose the most appropriate person to relay this information to the parent(s). The selected person should :

Contacting Parents

- explain again the purpose of the team meeting, i.e, to help the staff better understand the needs of the child in order to help him/her more
- request permission of the parent to do this
- explain the need for parent's observations and help, and request their attendance at the meeting
- if the parent does not wish to attend the meeting, discuss a method for keeping the parent informed of the results of the meeting.

Permission to staff a child should be received from the parents. Confidentiality of the information is essential and it is important to have the parents sign a permission slip permitting the team to discuss the child.

Teacher Observations

Once the Team Coordinator has scheduled the child/children to be discussed for the next team meeting, s/he can request that the teacher of each child record observations of the child's behavior. These observations of the child's behavior should take place while the child is participating in his regular daily activities. Such observations need not be a time-consuming process, for all that may be required on some occasions is that the teacher or an aide step aside for five to ten minutes each day to observe a particular child.

These observations should be made on several occasions and in different settings in order to provide an accurate picture of the child's behavior. Such areas as cognitive development, fine and gross motor skills, socio-emotional and language development, visual ability and auditory ability should be observed in order to identify the child's strengths as well as needs. Further information on the teacher as observer can be found in the Screening and Assessment Guide available through HSRTC.

After the teacher observes the child and records her observations, they should be summarized in writing and then placed in the child's folder. A form for summarizing observations of each child to the team entitled "Summary of Observations" can be found on page 32 .

Other Team Member Observations

In addition to the teacher, a second member of the CDT should be assigned to record observations of the child's behavior. These observations should also be summarized in writing and placed in the child's folder. The same "Summary of Observations" form should be used.

When at all possible all members of the team should have a chance to observe the child at least briefly. Sometimes, because of location (in rural programs)or other constraints, this may not be possible. But the more information team members have about a child, the more effective the developmental plan will be.

Gathering Relevant Data

All team members must be notified of the agenda prior to the meeting to enable them to observe the child to be discussed, if possible, and to bring all other relevant data to the meeting.

Results of screening, diagnostic procedures, samples of the child's work, infromation form parent interviews, etc. should all be available for discussion at the meeting.

Teachers, social service aides and others involved th the child to be discussed should be invited to the team meeting. If there is a consulting specialist who could lend her/his expertise s/he should also be invited. The parent should have already been informed and invited to the meeting. Any therapist or specialist working with the child to be discussed should also be contacted, informed of the CDT process and invited to attend.

Meeting Agenda

The relevant data should be discussed thoroughly. CDT s have have found it helpful to structure their discussions according to the following outline:

Behavior Patterns of the Child (See form on page 34)

- child's strengths
- child's weaknesses
- child's learning style
- special needs of child

Developmental Plan (See form on page 35)

- school and home stragegies

It is important for all team members to realize that every child has both weaknesses and strengths. It is especially important to remember to probe for the child's strengths. Often the weaknesses seem to so overshadow the child's strengths that the discussion never gets away from the negative. The child's parent(s) can often be helpful in discussing some of the child's strengths - his interests, his likes, etc. It is important that these strengths are identified since they are essential in developing strategies for home and school. The team must build on the strengths in order to overcome the weaknesses.

Before developing school and home strategies, the team must decide if further assessment is needed before a plan can be developed. Specifically, they must decide:

- whether the staff should spend additional time observing the child,
- whether further assessment by a specialist seems immediately necessary (If a child has already been assessed perhaps follow-up by a specialist is necessary),

- whether enough information is avialable for developing a Comprehensive Plan.

Developing A Plan

If there is agreement that adequate information is available - at least to begin a developmental plan - the team should then be lead to decide on specific strategies. Using the form on Page 35 the team should include specific activities for home and school. Examples of strategies:

- mother to spend 5 minutes more with child doing a favorite activity
- physical therapist to come for 20 minutes group session in class with teacher watching for methods
- aide to spend 5 minutes per day playing specific game with child and one special playmate
- education specialist to administer Denver Developmental Disabilities test and bring information to next meeting

It is essential that all team members work together to develop the most effective strategies possible. The strategies should be recorded on the Comprehensive Plan form.

Team Member Assignments

An important aspect of the team coordinator's role is to see that every team member leaves the team with a clear understanding of his/her responsibilities. The Team Report Form (see Page 36) can serve as a useful tool in summarizing these responsibilities. The team leader or another person designated should complete the form prior to the team's adjourning. This allows each member to again recall her/his responsibilities to be carried out prior to the next meeting.

The discussion of the observation and other information on the child is crucial. The development of a comprehensive developmental plan of action is also a key part of the team approach. However, if these plans are not carried out, if team members don't fully understand their responsibilities between meetings or fail to implement them, the team approach loses effectiveness. Therefore it is essential that each person clearly understands his/her duties prior to adjourning.

Two copies of the Team Report Form should be completed: one for the child's file and one for the team coordinator's file.

It has been found to be particularly helpful for the team coordinator to act as a liaison during the time between meetings. If s/he can contact individual team members, inquire about the tasks they assumed as their responsibility, new team members, in particular, are going to be more apt to maintain enthusiasm.

The list of questions which follows is offered to help quide the team as is carries out its "staffing" function. To insure that the program is responding to the needs of the individual child is a difficult, ongoing task. Nothing less than a group of willing and able people is necessary to meet this requirement.

At each meeting, the team should review the special needs children by:

- Considering for each child, each question listed below under "staffing questions"
- Deciding which action is to be taken.
- Completing for each child a Team Meeting Report Form and placing a copy of the Team Meeting Report in the child's folder.

Remember:

- Prior to each meeting it should have been decided which children will be staffed at the present meeting.
- As each child is discussed:
  - the child's folder and any previous Team Meeting Reports are consulted
  - the Team Coordinator reviews previous assignments, if any, and records date accomplished.
  - each question is discussed by the Team.
  - assignments are made to Team Members to carry out actions, and,
  - information needed for the Team Meeting Report is recorded.

"STAFFING QUESTIONS"

- What has become of recommendations from previous meetings? Has this progress (or lack of it) been recorded?
- What has become of suggested referrals? Do we have a written record of what has been done?
- If the child has been seen by a doctor or other specialist, do we have a record of the results?
  - have all members of the Team seen those results?
  - does anyone have questions about those results?
  - do we think those results should be followed-up with any special action?
- At this point is there any reason to suspect that the child needs further observation or attention in the area of:
  - dental health?
  - medical health?
  - speech/language?
  - hearing?
  - vision?
  - social/emotional?
  - motor/perceptual?
- Has anyone on the Team directly visited with the teacher in the last month specifically regarding this child?
- What have been the teacher's concerns, problems, questions, or other comments about this child?
- Is the teacher her/himself directly receiving classroom/teaching suggestions (in any way) from a clinical specialist (e.g., psychologist or speech clinician). In the last month?
- Has anyone on the Team other than the teacher actually observed this child in the last month?

- Is this child usually interacting with other youngsters or does this child usually seem isolated?
- Are the parents right now being involved in an active way (other than just being informed or observing) in the education of their child?
- Do you know for certain that the parents are actually trying special activities in the home which help the child in the area of the disability?
- Does the family have realistic access to a specialist they can talk to, and from whom they can receive special suggestions?
- Then, how many times in the last three months have they talked to this person?
- Are the parents presently needing assistance in finding a doctor/specialist, in making appointments, in finding transportation?
- What are the family's concerns about cost of special attention for their child? Who has helped them and how?
- At this time, has the child's problems caused additional friction within the family?
- Do the parents have questions or misunderstandings about the cause of the problems? Are there questions at this time about the chances of future off-spring having the same problem?
- Do the parents have some idea of what to expect in the near future with this child?
- Do the parents know that they can always inspect their child's school records according to Federal law?

SPECIAL CONCERNS

Some Teams may have a tendency to "pick and choose" only certain questions to review (because of lack of time, the opinion that some questions aren't as important, that everyone already knows the answer to other questions, etc.). When this occurs, it cannot be assumed that the child's situation has been comprehensively reviewed. Also, this selectivity may consistantly "filter out" the very areas of weak clinical management that the Team is intended to correct. It is quite important to ensure that for every special needs child who is staffed every question is reviewed.

Any given child with special needs might be staffed at as many as three or four different Team mettings. It is critical that every child who has been staffed is also re-staffed at some later meeting. Almost always, if the Team searches, it will be discovered that the needs of the child and/or family will have significantly changed over time.

IMPLEMENTING THE PLAN

One of the important features of the team approach is the mutual support available to team members. The crucial phase of implementing the plan of action often never fully takes place when only one or two people are involved in the process. With the team, on the other hand, a number of persons accept responsibility for various aspects of the program. With an enthusiastic team, members offer support and encouragement to each other. This often spurs individuals to do other things and activities to further the child's growth. The realization that members will be reporting back on their efforts also acts as an encouragement to implement the plan.

If the parent was not present at the team meeting someone should have been given the responsibility to communicate to him/her the results of the meeting.

Informing Parents

Assistance should be given to a parent regarding the team recommendations involving them. If further assessment of the child is recommended team members who know the child and family should be assigned the responsibility of meeting with the parents and carefully explaining why assessment of their child by a specialist is being recommended. Results of the conference should be documented and placed in a file. Any confidential information obtained from parents or other sources should be placed in a separate file designated for that purpose.

If on-site evaluation if the child by a resource specialist is available, then a selected team member should have offered to contact the appropriate specialist or agency to arrange the on-site evaluation. However, if an on-site evaluation is not possible, the team member should offer to arrange an appointment for the evaluation and arrange for transportation, babysitting, etc. if necessary.

Team members who have been working with the child and family should make these arrangements. Agency contacts should be noted in the child's file.

In those cases in which an on-site evaluation is not possible, it may be necessary for a team member who is familiar with the family to offer to accompany the parents to the resource agency. Arrangements should then be made for obtaining information regarding the results of the child's assessment and the recommendation made by the specialist.

These diagnostic reports and recommendations, when obtained should be placed in the child's confidential file.

Assistance To Team Members

In general, assistance in implementing the plan should be available for any team members needing it. Some areas that may need help are elaborated on below:

- Helping to interpret the recommendations

  In those instances where the teacher or parents feel that they need assistance in understanding or carrying out the CD plan, the team should decide how best to provide that help. Perhaps individual team members with the necessary skills could provide the assistance needed. If not, the resource specialist may be willing to train staff members through an in-service workshop or provide the assistance to the individual teacher or parents directly. However, efficient use of the specialist's time would suggest that they provide the necessary training to the Head Start staff so that the program staff can eventually become self-sufficient in those areas.

- Observing and commenting on the teachers' and/or parents' efforts to implement recommendations.

  Here again, individual team members may assume these responsibilities when appropriate. Resource specialists could also serve in this role of assisting the parents and teachers in implementing the objectives in the Comprehensive Developmental Plan.

- Demonstrating some of the activities suggested in the recommendations.

  Head teachers or educational specialists may also be able to aid the child's teacher in incorporating the objectives in the Comprehensive Developmental Plan into the daily schedule through demonstration teaching. The social services specialist and parent involvement specialist may be able to provide helpful hints and specific suggestions to assist the parents in carrying out the home objectives. In addition, a specialist in the community could be contacted to provide demonstration teaching for the staff in those areas needed for successful implementation of the Comprehensive Developmental Plan.

- Offering plenty of encouragement

  The team members should continually provide encouragement to each other and to the parents. Only through trial and error will the most successful techniques for each child and his parents be found. Comprehensive Developmental Plans may need to be modified or completely changed if it is found to be ineffective in helping that child. Therefore, each team member needs to keep in mind the overall goal of the team process: the successful integration of each special needs child into the Head Start program.

ASSESSING THE CHILD's PROGRESS

It is essential that team members take time to assess the results of the developmental plan. If the team meets every two weeks it is important that team members share results of their activities during the interim. Most often invididuals will do that between meetings but the whole team including parents and resource specialists should spend time at successive meetings to evaluate their activities and to develop further strategies.

Sharing Results of Team Activities

The successful implementation of the CDT concept will depend, in some cases, upon evaluation and input from specialists. If at all possible, the recommendations of the specialist should be explained and elaborated on by the specialist at the CDT meetings.

If further evaluations were scheduled, the results can most optimally be discussed if the specialists present them at the follow-up team meeting. Hopefully the specialist can then become involved in the individual programming that will take place as the plan is modified and new strategies developed.

It is the experience of CDT's that staffing of some children continues over several months. In these cases, it took that much time before the team felt they had sufficient information on the child's strengths and weaknesses to develop effective strategies. In other cases, one or two meetings with a brief check on the child's progress was enough for the team to feel the child's needs were being met and teacher and parent could continue without the formal support of team meetings.

ASSURING CONTINUITY

If the team process has been in operation from the beginning of the school year, the staffing which is done during the Spring meetings may be somewhat different from the staffing done during the Winter meetings. The Winter staffings are primarily concerned with the child's experiences and management "right now", while the child is presently enrolled in Head Start. However, the Spring staffings done toward the end of the school year are primarily concerned with the special needs child's transition from Head Start to next year's educational setting.

Preparing for Child's Entry Into Kindergarten

Throughout their months of association, the child and Head Start teacher have learned much about each other. As a result, each may have developed more and more satisfying and effective ways of relating to each other. In some cases, the child's disability and the ways both child and teacher lived with this difference may have contributed to some very special circumstances - such as helping or hindering the child's integration into the classroom. The teacher may have discovered through long trial and error some very effective ways of helping this particular child develop. And, the child's parents may have, for the first time, perceived a very different and special role in the welfare and development of their child. Can these "discoveries" be preserved next year? How can next year's staff reinforce the discoveries they did not even know existed? It is Head Start's responsibility to initiate and exchange of information which ensures this.

At the first Spring meeting when plans for transition are needed the CDT should:

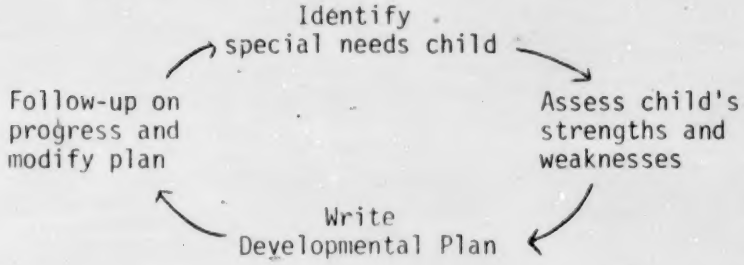
- determine which special needs children will be leaving Head Start and
- assign each child to a team member who will be responsible for ensuring that:
  - the parents have signed permission for release of information forms
  - someone from the teaching staff, a member of the team (perhaps one and the same), and, if possible, the parents will meet with an education person from the child's new upcoming program
  - appropriate records are transferred

A record of these activities should be recorded on the team meeting report. The report will delineate the responsibilities of individual team members.

SUMMARY OF PHASES

The phases of implementing the CDT process are summarized here. It is hoped that after the first few meetings this process will flow smoothly. When priority children are identified for staffing at CDT meetings, the same basic process is repeated. It is a cyclic process which can be diagrammed as follows:

CDT Staffing Process


Identify special needs child
Assess child's strengths and weaknesses
Write Developmental Plan
Follow-up on progress and modify plan

- ESTABLISHING A TEAM
  - Determine core team members
  - Decide on a team leader
- GETTING THE TEAM READY TO GO
  - Conduct an in-service session with the teaching staff, informing them of the CDT and of procedures for referral of special needs children
  - Inform the parents of the CDT and how it will work
  - Consider possible sources of resource specialists and the roles they might play on the CDT
- SCREENING ALL CHILDREN
  - Decide on appropriate techniques for screening all Head Start children
  - Make arrangements for screening
  - Develop criteria for selecting children to be staffed
  - Identify special needs children to be discussed by the CDT

- IN-DEPTH EVALUATING OF SPECIAL NEEDS CHILD

  - Explain the CDT to the child's parents and request their attendance at the CDT

  - Request that teachers bring observations and other relevant data (previous diagnostic tests, sample of child's work, etc.) to the CDT meeting

  - Have other persons observe, test, etc., the identified child when appropriate

- DEVELOPING A PLAN FOR SPECIAL NEEDS CHILD

  - Hold Team Meeting(s) and:

    - Discuss relevant data on the child

    - Decide if further assessment is needed

    - Develop comprehensive plan

    - Make assignments to appropriate team members (further observations, home visits, referral to specialist, etc.)

- IMPLEMENTING THE PLAN

  - If parent was not present at team meeting, contact parent and inform them of team outcomes

  - Assist parent of a child who is referred for further help to a specialist or agency

  - Assist all persons involved to implement the developmental plan

- ASSESSING THE CHILD's PROGRESS

  - Re-evaluate the plan developed and make any necessary changes to ensure optimal development of the child

- ASSURING CONTINUITY

  - Plan for the transition of children from Head Start to public schools

CDT FORMS

The following forms have been developed to facilitate the CDT process. They have been revised in light of the comments received from CDT members, specialists and trainers. It is suggested that each new team consider the forms carefully and adapt them if necessary to the specific needs of the program. The forms are recommended not merely to increase the already voluminous paperwork load, but to provide a carefully thought out method of preserving the information necessary to facilitate delivery of maximum service to the children and their families. It should be added that the information on these forms is a most useful source of documentation in meeting the Performance Standard requirements of Head Start programs in health, mental health, education and handicapping areas.

REFERRAL FORM

Teacher_____ Date_____

Name_____ Age_____ Birthdate_____

Parents_____ Address_____ Phone_____

Referred by_____ _____

Reason for Referral_____

_____

_____

_____

_____

_____

Other Relevant Information (any information that will help in understanding the child or his problem)

_____

_____

_____

_____

_____

_____

Specific Requests (for a particular service, equipment, materials, etc.)

_____

_____

_____

_____

_____

SUMMARY OF OBSERVATIONS

NAME OF CHILD: _____ BIRTHDATE: _____ DATE: _____

NAME OF OBSERVER: _____ TITLE: _____

RECORD OF OBSERVATIONS:

DATE OF OBSERVATION	LENGTH OF OBSERVATION	SETTING

DESCRIBE THE CHILD'S SKILLS IN THE FOLLOWING AREAS:

COGNITIVE	FINE AND GROSS MOTOR
SOCIAL/EMOTIONAL	LANGUAGE DEVELOPMENT
AUDITORY/VISUAL ABILITY	SELF-HELP

IF THE PROBLEM IS A BEHAVIORAL ONE, DESCRIBE A SPECIFIC EXAMPLE OF THE CHILD'S BEHAVIOR:

WHEN DOES THE BEHAVIOR USUALLY OCCUR?

A. What time of day?_____

B. With what persons?_____

C. Before what activities?_____

D. After what activities?_____

E. Frequency of behavior during each observation:

DATE OF OBSERVATION	LENGTH OF OBSERVATION	# TIMES BEHAVIOR OCCURED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE THE CHILD'S LEARNING STYLE:

A. When is the child most alert?_____

B. What is the length of the child's attention span? _____

C. What level of noise can the child tolerate?_____

D. What motivates this child? (self, adult, rewards, etc)_____

E. What are the child's favorite activities?_____

_____

OTHER RELEVANT INFORMATION:

BEHAVIORAL PATTERNS OF THE CHILD

NAME OF CHILD: _____ BIRTHDATE: _____

NAME OF PARENTS: _____

NAME OF TEACHER: _____ SCHOOL: _____

SPECIALIST(S): _____

CHILD'S STRENGTHS	CHILD'S WEAKNESSES

LEARNING STYLE

SPECIAL NEEDS OF CHILD:

COMPREHENSIVE DEVELOPMENTAL PLAN

SCHOOL STRATEGIES	*FOLLOW-UP EVALUATION
HOME STRATEGIES	

* A = Strategy is Appropriate
C = Strategy is Completed
NR = Strategy Needs Revision

TEAM MEETING REPORT

Date of Meeting: _____

NAME OF CHILD DISCUSSED: _____ TEACHER: _____

PERSONS PRESENT:

_____	Title: _____	_____	Title: _____
_____	Title: _____	_____	Title: _____
_____	Title: _____	_____	Title: _____
_____	Title: _____	_____	Title: _____

RESPONSIBILITIES OF EACH TEAM-MEMBER REGARDING CHILD:

TEAM MEMBER	RESPONSIBILITY	DATE ACCOMPLISHED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUMMARY OF TEAM DECISIONS: